



AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66655-020 (P-EA 4672)	
SERIAL NO: 09/922,225	FILING DATE: August 2, 2001	EXAMINER: E. Slobodyansky	GROUP ART UNIT: 1652 CONFIRMATION NO.: 8914
INVENTION: NUCLEIC ACIDS AND ENCODED POLYPEPTIDES ASSOCIATED WITH BIPOLAR DISORDERS			

TO: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"  
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 400 553 155 US  
DATE OF DEPOSIT: December 8, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VIRGINIA 22313-1450.

Paul Choi  
Printed Name of Person Mailing Paper or Fee  
  
Signature of Person Mailing Paper or Fee

RECEIVED  
DEC 16 2003  
TECH CENTER 1600/2300

Transmitted herewith is the Response to the Restriction and Election of Species Requirements in the above-identified application.

- Small Entity status of this application has been established under 37 CFR 1.27.
- X Petition for Extension of Time is enclosed (in duplicate).
- Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- X No additional claims fee is required.
- An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED											
	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	35	-	35	-	0	x	\$9	\$18	=	\$	\$0.00
INDEPEN- DENT CLAIMS	9	-	9	-	0	x	\$42	\$84	=	\$	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
			_____YES		___X___NO		\$140	\$280	=	\$	\$0.00
							TOTAL ADDITIONAL FEE			\$	\$0.00

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

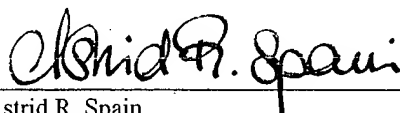
X Please charge my Deposit Account No. 502624 the amount of \$2,010.00 which covers the fee for a five-month extension of time. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

Inventors: Glen A. Evans  
Serial No.: 09/922,225  
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X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

A handwritten signature in black ink, reading "Astrid R. Spain", written over a horizontal line.

Astrid R. Spain  
Registration No. 47,956

McDERMOTT, WILL & EMERY  
4370 La Jolla Village Drive  
Suite 700  
San Diego, California 92122  
858-535-9001